

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/591876** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3							
4	2						
5	1		1				
6							
7							
8							
9							
10	1		1				
11							
12	1		1				
13							
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48							
49							
50							
TOTAL IND.	4	↓	4	↓		↓	
TOTAL DEP.	10	←	19	←		←	
TOTAL CLAIMS	19		13				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							